



# CITY OF PARMA

## CONTRACTOR'S REGISTRATION REQUIREMENTS

The following items are required by the City of Parma Building Department, pursuant to Codified Ordinance 1501.36 for contractor registration:

1. The contractor's surety bond must be completed by your insurance company in the amount of \$25,000.00. If you are a concrete supplier, the amount of the surety bond is \$200,000.00. **THE CITY OF PARMA BOND FORM MUST BE USED BY THE INSURANCE AGENT.** The surety bond expires December 31 of the year. **BONDS SENT SEPARATELY WITHOUT THE ENTIRE REGISTRATION PACKET WILL NOT BE ACCEPTED.**

\*\*\*\*\* YOU MUST REGISTER AS ONE OF THE FOLLOWING: \*\*\*\*\*

General, Electrical, Heating, Plumbing, Low Voltage, Fire Alarm, Fire Suppression or Fire Sprinkler

2. The following items are required on your certificate of insurance:
  - A. Minimum \$300,000 general liability per occurrence;
  - B. Minimum \$300,000 general aggregate;
  - C. Ten (10) days notice of cancellation of the policy; and
  - D. **The City of Parma must be named additional insured. Additional insured is not the same as certificate holder.**
3. Plumbing, Electrical and HVAC contractors are required to supply the Building Department with a copy of the current license from the State of Ohio. Fire alarm, fire suppression and fire sprinkler contractors are required to submit a copy of the current State of Ohio Fire Marshall's License.
4. The Registration fee is as follows:
  - A. Renewal registration prior to January 31 is \$90.00. You must have been registered for the previous year to be eligible for this price; or
  - B. Renewal registration after January 31 is \$125.00
  - C. New contractor registration is \$125.00
  - D. Cost of registration is \$250.00 if performing work before finalizing registration.
5. Checks should be made payable to the City of Parma. **COMPLETE PACKETS**, including the registration fee and **A SELF-ADDRESSED STAMPED ENVELOPE SHOULD BE RETURNED TO:**

City of Parma  
Building Department  
6611 Ridge Road  
Parma, OH 44129

Please note: The City of Parma Building Department is not responsible for bonds sent directly to the Department without a completed information packet. **REGISTRATION PACKETS WHICH ARE NOT CORRECT OR COMPLETELY FILLED OUT WILL BE RETURNED.**

# City of Parma, Ohio

DEAN DEPIERO  
MAYOR



6611 Ridge Road  
Parma, Ohio 44129

PAUL W. DEICHMANN, P.E.  
CITY ENGINEER AND BUILDING COMMISSIONER

Phone: 440-885-8030  
Fax: 440-885-8039

## REQUIREMENT FOR REGISTRATION

In order to complete the process for registration as a contractor to work in the City of Parma, the contractor must present to the Building Department, along with all other information required, a document from the Parma Tax Department stating "there are no tax arrearages currently on record with the Parma Tax Department. There may be tax delinquencies, but at this point in time, none are documented." The Tax Department will not issue this document to the contractor until all documented delinquencies are "paid in full". (C.O. 1501.36, 08/07/07)

The Parma Tax Department may issue this document only to the contractor and/or his designee. By law, they are not permitted to issue this document directly to the Building Department. **THE TAX DELINQUENCY LETTER IS NOT INCLUDED IN THIS PACKET.** To have it faxed directly to you, please call 440-885-8045

Before presenting your registration documents to the Building Department for processing, please complete the enclosed tax forms and forward (by mail or in person) to the City of Parma Tax Department. Upon receipt of their approval document, you may then forward the completed registration packet and fee to the Building Department.

**Completed registration packets must include the following:**

1. Information Sheet
2. Completed and Signed Surety Bond
3. Certificate of Insurance
4. State License or State of Ohio Fire Marshal's License  
(if applicable)
5. Copy of Tax Department Document
6. Fee
7. Self-addressed, stamped envelopment if registering by mail

**REGISTRATION PACKETS WHICH ARE INCOMPLETE  
WILL BE RETURNED. IT IS THE CONTRACTOR'S  
RESPONSIBILITY TO BE SURE THE PACKET IS READY  
FOR PROCESSING.**

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## IMPORTANT NOTICE TO THE PERSON RESPONSIBLE FOR CONTRACTOR REGISTRATION

Please contact the Parma Division of Taxation at 440-885-8045 so that they may fax you the tax delinquency letter\* needed to complete\*\* your 2011 registration packet. Due to confidentiality issues it must be done this way. Once you have received the tax delinquency letter please fax a copy of it to the Parma Building Department at 440-885-8039.

\*Please be aware that the tax delinquency letter is NOT the page included in your registration packet titled CITY OF PARMA INCOME TAX DIVISION BUSINESS AND EMPLOYER REGISTRATION. It is a separate letter sent to you directly from the City of Parma Tax Department upon your request.

\*\*Until this letter has been received you are NOT registered and therefore will not be able to pull permits or perform work in the City of Parma. Due to the heavy volume of registrations being processed please be advised this will be your first and final notification in regard to this matter. You may call Linda at 440-885-8030 with any questions.

# CITY OF PARMA

## APPLICATION FOR REGISTRATION OF CONTRACTORS

Type of Contractor \_\_\_\_\_

Owner of Company \_\_\_\_\_ Social Security No. \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Federal Identification No. \_\_\_\_\_

Insurance Agent's Name \_\_\_\_\_

List company officers:

\_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_ Social Security No. \_\_\_\_\_

Please specify the type(s) of work that the company performs (i.e. roofs, drywall, sewers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names of municipalities in which company is registered to work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your license or registration in any municipality ever been suspended or revoked? \_\_\_\_\_

If so, give date, year and locality \_\_\_\_\_

I do hereby certify that I will abide by the provisions of the Codified Ordinances of the City of Parma and I shall abide by all rules and regulations as required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

FOR OFFICE USE ONLY:

Registration No. \_\_\_\_\_ Date \_\_\_\_\_

Fee: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

# CITY OF PARMA

## CONTRACTOR SURETY BOND

That \_\_\_\_\_, as Principal, ("CONTRACTOR"),  
and \_\_\_\_\_, Surety, ("SURETY"), are held  
and bound unto the City of Parma, Ohio ("PARMA"), for the benefit of any person, firm, or corporation with whom  
PRINCIPAL contracts for any and all improvements, in accordance with the laws of the State of Ohio and the provisions  
and the requirements of the Rules, Regulations, Laws, and Ordinances of PARMA, in the amount of \$\_\_\_\_\_,  
for the payment of which we CONTRACTOR and SURETY, bind ourselves, our heirs, executors, administrators,  
successors, and assigns, jointly and severally.

The conditions of the above obligation are such that, CONTRACTOR has applied to the Building Commissioner of  
PARMA for a Certificate of Registration as a \_\_\_\_\_ Contractor in PARMA, in  
accordance with the laws of the State of Ohio and the provisions and the requirements of the Rules, Regulations, Laws,  
and Ordinances of PARMA, for the year ending December 31, \_\_\_\_\_.

Now, therefore, if CONTRACTOR shall indemnify, and keep and save harmless PARMA, or any of its Agents or  
Officials, and shall indemnify and pay such person, firm, or corporation for damage sustained on account of the failure of  
CONTRACTOR to perform such contracted improvements in accordance with the laws of the State of Ohio and the  
provisions and the requirements of the Rules, Regulations, Laws, and Ordinances of PARMA, or by reason of or on  
account of such failure of CONTRACTOR pursuant to any permit issued by PARMA under such Certificate of Registration  
for such contracted improvements, then this obligation shall be null and void, otherwise it shall remain in full force and  
effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal (Signature)

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Principal (Type or Print Name)

\_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Address of Principal

\_\_\_\_\_  
Address of Surety

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

(ABOVE INFORMATION MUST BE COMPLETED IN FULL)

**CITY OF PARMA  
INCOME TAX DIVISION**

Phone: 440-885-8045

**BUSINESS AND EMPLOYER REGISTRATION**

The City of Parma requires that your business take a few minutes and fill out this registration form in its entirety. Each business must register with the City of Parma Division of Taxation, at 6611 Ridge Road, Parma Ohio 44129. **Please print**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

2) DBA \_\_\_\_\_ Local Phone # \_\_\_\_\_

3) Local business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4) Mailing address (for tax forms) Net Profit Form \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address (for tax forms) Withholding Forms \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5) Federal ID # \_\_\_\_\_ OR, Social Security # \_\_\_\_\_

6) Type of Organization ( ) Sole Proprietor ( ) \* Corporation ( ) \* Partnership ( ) \* LLC ( ) \* S Corp  
(\*Corporations, \*Partnerships, \*S Corps & \*LLCs - See reverse side)  
Accounting period ( ) Calendar Year OR ( ) Fiscal Year (ending date) \_\_\_\_\_

**Type of account(s) you need Created**

- ☐ Net Profit Account only
- ☐ Net Profit Account and Withholding Account
- ☐ Withholding Account only
- ☐ Residence Withholding tax only (Courtesy tax)

7) Do you need the Non-Delinquency letter for the Building Department? \_\_\_\_\_ YES or, \_\_\_\_\_ NO

8) Does your business use a payroll service? \_\_\_\_\_ YES or, \_\_\_\_\_ NO (see other side if yes)

9) Does your business withhold for employees working in Parma \_\_\_\_\_ YES or, \_\_\_\_\_ NO

10) Date your business started in Parma. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11) Number of employees presently employed in Parma \_\_\_\_\_

12) Do monthly wages paid in Parma exceed \$8,000.00? \_\_\_\_\_ YES or, \_\_\_\_\_ NO

13) Was Business previously operated by another owner? \_\_\_\_\_ YES or, \_\_\_\_\_ NO

(SEE REVERSE SIDE)

Mail to: The City of Parma; Division of Taxation; 6611 Ridge Road; Parma, Ohio 44129  
You may also Fax to 440-885-8044 or E-mail to [www.taxoffice@citvofparma-oh.gov](mailto:www.taxoffice@citvofparma-oh.gov)

**CITY OF PARMA  
INCOME TAX DIVISION**

Phone: 440-885-8045

14) Name and address of previous owner \_\_\_\_\_  
\_\_\_\_\_

**CORPORATIONS**

List Names, Social Security No's and home addresses of Fiscal Officers and Statutory Agent.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) Statutory Agent \_\_\_\_\_

**PARTNERSHIPS, PARTNERS / S CORPS, SHAREHOLDERS**

List Names, Social Security No's and home addresses of Partners / Shareholders.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Person or accounting firm that normally prepares your tax forms.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_